



## Complete Summary

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### TITLE

Gastroesophageal reflux disease (GERD): percentage of patients aged 18 years and older with the diagnosis of GERD who have been prescribed chronic proton pump inhibitor (PPI) or histamine H<sub>2</sub> receptor antagonist (H<sub>2</sub>RA) therapy who received an assessment of their GERD symptoms within 12 months.

### SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Gastroesophageal reflux disease (GERD) physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Mar 9. 9 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of gastroesophageal reflux disease (GERD) who have been prescribed chronic proton pump inhibitor (PPI) or histamine H<sub>2</sub> receptor antagonist (H<sub>2</sub>RA) therapy who received an assessment of their GERD symptoms within 12 months of initiation of therapy.

### RATIONALE

Many patients with gastroesophageal reflux disease (GERD) remain on medication therapy for years, and experts suspect that not all patients are being reassessed

on a regular basis to determine whether the medication is still needed. This measure attempts to capture whether or not a patient on chronic medication has their GERD symptoms assessed at least annually. Research indicates that patients on chronic therapy are able to have their dose modified or reduced based on the presence or absence of symptoms.\*

\*The following clinical recommendation statements are quoted *verbatim* from the referenced clinical guidelines and represent the evidence base for the measure:

Because GERD is a chronic condition, continuous therapy to control symptoms and prevent complications is appropriate. (American College of Gastroenterology [ACG])

Nonresponders to adequate trials of drug therapy, particularly proton pump inhibitor (PPI) therapy, should have their symptoms reassessed, undergo endoscopy if it was not previously done, and be considered for additional diagnostic work-up. (Veterans Health Administration/Department of Defense [VHA/DOD])

Inadequate response to a 4- to 8-week course of standard-dose PPI may indicate longer treatment is needed, more severe disease, or incorrect diagnosis. If there is an inadequate response to a course of standard-dose PPI (the recommended duration of therapy for PPIs in the treatment of GERD is 4 to 8 weeks), extend treatment with either the same or double dose of PPI. (VHA/DOD)

## **PRIMARY CLINICAL COMPONENT**

Gastroesophageal reflux disease (GERD); assessment of symptoms; proton pump inhibitor (PPI); histamine H<sub>2</sub> receptor antagonist (H<sub>2</sub>RA)

## **DENOMINATOR DESCRIPTION**

All patients aged 18 years and older with a diagnosis of GERD who have been prescribed continuous proton pump inhibitor (PPI) or histamine H<sub>2</sub> receptor antagonist (H<sub>2</sub>RA) therapy (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients who had an assessment of their gastroesophageal reflux disease (GERD) symptoms within 12 months of initiation of therapy

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Use of this measure to improve performance

## **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Chey WD, Inadomi JM, Booher AM, Sharma VK, Fendrick AM, Howden CW. Primary-care physicians' perceptions and practices on the management of GERD: results of a national survey. Am J Gastroenterol 2005 Jun;100(6):1237-42.

[PubMed](#)

Lacy BE, Crowell MD, Riesett RP, Mitchell A. Age, specialty, and practice setting predict gastroesophageal reflux disease prescribing behavior. J Clin Gastroenterol 2005 Jul;39(6):489-94. [PubMed](#)

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

Internal quality improvement

## **Application of Measure in its Current Use**

### **CARE SETTING**

Ambulatory Care  
Physician Group Practices/Clinics

### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Advanced Practice Nurses  
Physician Assistants  
Physicians

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Individual Clinicians

### **TARGET POPULATION AGE**

Age greater than or equal to 18 years

### **TARGET POPULATION GENDER**

Either male or female

### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

## Characteristics of the Primary Clinical Component

### **INCIDENCE/PREVALENCE**

Unspecified

### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

### **BURDEN OF ILLNESS**

Unspecified

### **UTILIZATION**

Unspecified

### **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### **IOM CARE NEED**

Getting Better  
Living with Illness

### **IOM DOMAIN**

Effectiveness

## Data Collection for the Measure

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

All patients aged 18 years and older with a diagnosis of gastroesophageal reflux disease (GERD) who have been prescribed continuous proton pump inhibitor (PPI) or histamine H<sub>2</sub> receptor antagonist (H<sub>2</sub>RA) therapy

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients aged 18 years and older with a diagnosis of gastroesophageal reflux disease (GERD) who have been prescribed continuous proton pump inhibitor (PPI) or histamine H<sub>2</sub> receptor antagonist (H<sub>2</sub>RA) therapy

### **Exclusions**

Documentation of medical reason(s) not assessing GERD symptoms

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Therapeutic Intervention

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients who had an assessment of their gastroesophageal reflux disease (GERD) symptoms within 12 months of initiation of therapy

### **Exclusions**

None

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Fixed time period

## **DATA SOURCE**

Administrative data  
Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure**

**SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties**

**EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information**

**ORIGINAL TITLE**

Measure #5: chronic medication therapy - assessment of GERD symptoms.

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Gastroesophageal Reflux Disease \(GERD\) Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the American Gastroenterological Association Institute and the Physician Consortium for Performance Improvement®

## **DEVELOPER**

American Gastroenterological Association Institute  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2006 Oct

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Gastroesophageal reflux disease (GERD) physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Mar 9. 9 p.

**MEASURE AVAILABILITY**

The individual measure, "Measure #5: Chronic Medication Therapy - Assessment of GERD Symptoms," is published in the "Gastroesophageal Reflux Disease (GERD) Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

**NQMC STATUS**

This NQMC summary was completed by ECRI Institute on October 26, 2007. The information was verified by the measure developer on October 26, 2007.

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